PIMS V. 5.3 ADT Module User Manual

The manual is broken down into the following PDF files.

ADTBE	Menus, Introduction, Orientation, Glossary, Option Index, Enrollment Query Process, Enrollment Priority Algorithm, Military Sexual Trauma stand-alone Menu
ADTO	ADT Outputs Menu
BC	Bed Control Menu
BT	Beneficiary Travel Menu
CNHR	Contract Nursing Home RUG Menu
CETS	Copay Exemption Test Supervisor Menu
MCSM	MAS Code Sheet Manager Menu
MTS	Means Test Supervisor Menu
PTF	PTF Menu
REG	Registration Menu
RUG	RUG-II Menu
SO	Security Officer Menu
SADT	Supervisor ADT Menu
VIC	Veteran ID Card Menu

ADTBE - **Beginning and Ending Sections of the Manual**

ADTO - ADT Outputs Menu

10/10 Print without New Registration
ADT Third Party Output Menu
  Patient Review Document
  Review Document by Admission Range
  Veteran Patient Insurance Information
AMIS Reports Menu
  AMIS 334-341 Reports
  AMIS 345-346 Reports
  AMIS 401-420 Reports
Bed Availability
Disposition Outputs Menu
  Disposition Time Processing Statistics
  Log of Dispositions
  Summary of Dispositions
Enrollment Reports
  Enrolled Veterans Report
  Pending Applications for Enrollment
  Enrollees by Status, Priority, Preferred Facility
  Upcoming Appointments without Enrollment
  EGT Impact Report
Gains and Losses (G&L Sheet)
Inconsistent Data Elements Report
Inpatient/Lodger Report Menu
  Absence List
  ASIH Listing
  Current Lodger List
  Female Inpatient List (Current)
  Historical Female Inpatient List
  Historical Inpatient Listing
  Inpatient Listing
  Inpatient Roster
  Insurance List of UNKNOWNs for Inpatients
  Lodgers for a Date Range
  Patient Movement List
  Religion List for Inpatients
  Seriously Ill Inpatient Listing
  Treating Specialty Inpatient Information

ADTO - ADT Outputs Menu

Means Test Outputs
  Hardship Review Date
  List Required/Pending Means Tests
  Means Test Indicator of 'U' Report
  Means Test Specific Income Amount Report
  Means Test Specific Income Less Threshold Report
  Means Test w/Previous Year Threshold
  Patients Who Have Not Agreed To Pay Deductible
  Required Means Test At Next Appointment
Pending/Open Disposition List
Scheduled Admission Statistics
Scheduled Admissions List
Treating Specialty Print
VBC Form By Admission Date
VBC Form for Specific Patient
Waiting List Output

BC - **Bed Control Menu**

Admit a Patient
Cancel a Scheduled Admission
Check-in Lodger
Delete Waiting List Entry
Detailed Inpatient Inquiry
Discharge a Patient
DRG Calculation
Extended Bed Control
Lodger Check-out
Provider Change
Schedule an Admission
Seriously Ill List Entry
Switch Bed
Transfer a Patient
Treating Specialty Transfer
Waiting List Entry/Edit

BT - Beneficiary Travel Menu

Bene Travel Account file Enter/Edit
Claim Enter/Edit
Distance Enter/Edit
Income Certification Eligibility
Parameter Rates Enter/Edit
Report of Claim Amounts
Reprint of 70-3542d form
View of Claim

CNHR - **Contract Nursing Home Rug Menu**

Close a CNH PAI Record
CNH PAI Edit
Create a CNH PAI Record
Delete a CNH PAI Record
Open a Closed or Transmitted CNH PAI
Outputs Menu
  Incomplete PAIs by Location
  PAIs for a Date Range
  Record Status Report
  RUG-II Index
  Single PAI Print
RUG-II Grouper
Test Grouper

CETS - **Copay Exemption Test Supervisor Menu**

Copay Exemption Test User Menu
   Add a Copay Exemption Test
   Copay Exempt Test Needing Update At Next Appt.
   Edit an Existing Copay Exemption Test
   List Incomplete Copay Exemption Test
   View a Past Copay Test
Delete a Copay Exemption Test
View Copay Exemption Test Editing Activity

MCSM - **MAS Code Sheet Manager Menu**

MAS Code Sheet User Menu
  Generate a Code Sheet
  Create a Code Sheet
  Keypunch a Code Sheet
  Code Sheet Edit
  Review a Code Sheet
  Delete a Code Sheet
  Print a Code Sheet
MAS Code Sheet Batch Menu
  Code Sheets Ready for Batching
  Batch Code Sheets
  Batch Edit
  Mark Code Sheets for Rebatching
MAS Code Sheet Transmission Menu
  Batches Waiting to be Transmitted
  Transmit Code Sheets
  Mark Batch for Retransmission
  Status of all Batches
Purge Transmission Records/Code Sheets

MTS - Means Test Supervisor Menu

Delete a Means Test
Means Test User Menu
  Add a New Means Test
  Adjudicate a Means Test
  Complete a Required Means Test
  Document Comments on a Means Test
  Edit an Existing Means Test
  Hardships
  View a Past Means Test
View Means Test Editing Activity

PTF - PTF Menu

Census Menu
  Load/Edit PTF Data
  Close Open Census Record
  Census Status Report
  Inquire Census Record
  Other Census Outputs Menu
    Comprehensive Census Report
    Productivity Report by Clerk (Census Only)
    Records By Completion Status (Census Only)
    Transmitted Census Records List
    Unreleased Census Records Report
  Release Closed Census Records
  Transmit Census Records
  Open Closed Census Records
  Open Released or Transmitted Census Records
  099 Transmission for Census Record
  Supervisor Menu
    Edit Census Date Parameters
    Regenerate Census Workfile
Checkoff PTF Message
DRG Calculation
Enter PTF Message
Incomplete Records Tracking Menu
  Add a New/Edit Deficiency
  Delete an IRT
  Edit a Complete IRT
  Enter/Edit an IRT
  IRT Update Std. Deficiencies
  Print Menu
    Incomplete Reports Print
    Physician Deficiency Report
    Transcription Productivity Report
    Undictated Reports Print
  Set up IRT Parameters
  View an IRT Record
Inquire PTF Message
Load/Edit PTF Data

PTF - PTF Menu

National Patient Care Database
  Transmission Reports
    PIMS Events Transmitted Yesterday
    PIMS Events Transmitted for Date Range
  Transmission Utilities
    Retransmit Patient Demographics
    Retransmit Admission Data
    Retransmit Entry in ADT/HL7 PIVOT File
Open Closed PTF Record
Open Released or Transmitted PTF Records
PTF Output Menu
  Admissions without an Associated PTF Record
  CDR Inquiry
  Comprehensive Report by Admission
  Diagnostic Code PTF Record Search
  DRG Information Report
  DRG Reports Menu
    ALOS Report for DRGs
    Batch Multiple DRG Reports
    Breakeven by DRG Reports
    DRG Frequency Report
    DRG Index Report
    Trim Point DRG Report
  Inquire PTF Record
  Listing of Records by Completion Status
  Means Test Indicator of 'U' Report
  Open PTF Record Listing
  Patient Summary by Admission
  Productivity Report by Clerk
  Surgical Code PTF Record Search
  Transmitted Records List
  Unreleased PTF Record Output
PTF Transmission
Quick Load/Edit PTF Data
Release PTF Records for Transmission
Set Up Non-VA PTF Record

PTF - PTF Menu

Update DRG Information Menu
  Enter Breakeven Days
  Enter/Edit RAM costs for Fiscal Year
  Move Trim Values
  Purge Breakeven Data for a Fiscal Year
  Trim Point Entry
  Update Transfer DRGs for Current FY
Utility Menu
  099 Transmission
  Record Print-Out (RPO)
  Add/Edit Suffix Effective Date
  Delete PTF Record
  Establish PTF Record from Past Admission
  Print Special Transaction Request Log
  PTF Archive/Purge
  PTF Expanded Code Listing
  Purge Special Transaction Request Log
  Set Transmit Flag on Movements
  Validity Check of PTF Record

REG - Registration Menu

Disposition an Application
10-10T Registration
Collateral Patient Register
Copay Exemption Test User Menu
  Add a Copay Exemption Test
  Copay Exempt Test Needing Update at Next Appt.
  Edit an Existing Copay Exemption Test
  List Incomplete Copay Exemption Test
  View a Past Copay Test
Death Entry
Delete a Registration
Disposition Log Edit
Edit Inconsistent Data for a Patient
Eligibility Inquiry for Patient Billing
Eligibility Verification
Enter/Edit Patient Security Level
Load/Edit Patient Data
Means Test User Menu
  Add a New Means Test
  Adjudicate a Means Test
  Complete a Required Means Test
  Document Comments on a Means Test
  Edit an Existing Means Test
  Hardships
  View a Past Means Test
Patient Inquiry
Preregistration Menu
  Display Preregistration Call List
  Outputs for Preregistration
    Calling Statistics Report
    Pre-Registration Source Report
    Print Preregistration Audits
  Supervisor Preregistration Menu
    Add New Appointments to Call List
    Clear the Call List
    Purge Call Log
    Purge Contacted Patients

REG - Registration Menu

   Patient Inquiry
   Preregister a Patient
Print Patient Wristband
Register a Patient
View Registration Data
Registration Supplement
Patient Enrollment
Add/Edit/Delete Catastrophic Disability

RUG - **RUG-II Menu**

Close a PAI Record
Create a PAI from Past Admission/Transfer
Delete a PAI
Open a Closed or Transmitted PAI
Outputs Menu
  Incomplete PAIs by Location
  PAIs for a Date Range
  Record Status Report
  RUG-II Index
  Single PAI Print
PAI Enter/Edit
RUG-II Grouper
Test Grouper
Transmission via VADATS

SO - **Security Officer Menu**

Display User Access to Patient Record
Enter/Edit Patient Security Level
Purge Non-sensitive Patients from Security Log
Purge Record of User Access from Security Log

SADT - Supervisor ADT Menu

ADT System Definition Menu
  Add/Edit Beds
  Bed Out-of-Service Date Enter/Edit
  Bulletin Selection
  Device Selection
  Edit Bed Control Movement Types
  Edit Ward Out-of-Service Dates
  Embosser Edit Menu
    Edit Data Card File (39.1)
    Edit Embosser Device File (39.3)
  Enter/Edit Transmission Routers File
  G&L Parameter Edit
  Gains and Losses Initialization
  MAS Parameter Entry/Edit
  Means Test Threshold Entry/Edit
  Reasons for Lodging Entry/Edit
  Template Selection
  Treating Specialty Set-up
  Ward Definition Entry/Edit
Check Routine Integrity
Current MAS Release Notes
Inconsistency Supervisor Menu
  Overview
  Determine Inconsistencies to Check/Don't Check
  Purge Inconsistent Data Elements
  Rebuild Inconsistency File
  Update Inconsistency File
Institution File Enter/Edit
Insurance Company Entry/Edit
Patient Type Update
Purge Scheduled Admissions
Recalculate G&L Cumulative Totals
RUG Semi-Annual Background Job
Sharing Agreement Category Update
Show MAS System Status Screen
Transmit/Generate Release Comments
View G&L Corrections
WWU Enter/Edit for RUG-II

VIC - **Veteran Identification Card Menu**

Inpatient Card Download
Outpatient Card Download
Preadmission Card Download
Single Patient Download Request
DataCard's HL7 Interface Technical Reference

Introduction

The PIMS User Manual is divided into modules, ADT and Scheduling. The PIMS ADT User Manual provides instructional guidance to a broad range of users within VA medical facilities in daily use of the Admission-Discharge-Transfer (ADT) Module of the PIMS software.

The ADT module of the PIMS package provides a comprehensive range of software dedicated to the support of administrative functions related to patient admission, discharge, transfer, and registration. The functions of this package apply throughout a patient's inpatient and/or outpatient stay, from registration, eligibility determination and Means Testing through discharge with on-line transmission of Patient Treatment File (PTF) data to the Austin Automation Center. The ADT software also aids in recovery of cost of care by supplying comprehensive PTF/RUG-II and Means Test software.

Several features have been designed to maximize efficiency and maintain control over user access of specified sensitive patient records. The Patient Sensitivity function allows a level of security to be assigned to certain records within your database (i.e., records of employees, government officials, etc.) in order to maintain control over unauthorized user access. The Patient Lookup screens user access of these records. It also provides for efficient and faster retrieval of patient records and identifies potential duplicate patient entries.

The information gathered and maintained by the ADT software is available on-line to a broad range of users within the medical facility to assist in daily operations; providing for greater efficiency, reduction of paperwork, and minimization of error. The ADT software provides for efficient and accurate collection, maintenance, and output of data, thus enhancing your health care facility's ability to provide quality care to its patients.

With V. 2.2 of Order Entry/Results Reporting, OE/RR notifications for ADT may be displayed for admissions, death discharges, deaths, and unscheduled (1010) visits. The notifications (ADMISSION, DECEASED, and UNSCHEDULED (1010) VISIT) will be displayed for patients who are defined as members of a list in the OE/RR LIST file (#100.21). The recipients of the notifications would need to be defined as users in the same OE/RR LIST entry. The notifications will appear as "alerts" when the user is prompted to select an option from a menu. Please refer to the documentation for Order Entry/Results Reporting for more information concerning OE/RR notifications.

Introduction

ADT is fully integrated with the VA FileMan, thus allowing ad hoc reports to be extracted by non-programmer personnel. It is integrated with Version 2.1 of the Fee Basis software allowing Fee personnel to register patients through a select Fee option.

ADT includes the following menus:

- ADT Outputs Menu
- Bed Control Menu
- Beneficiary Travel Menu
- Contract Nursing Home RUG Menu
- Copay Exemption Test Supervisor Menu
- MAS Code Sheet Manager Menu
- Means Test Supervisor Menu
- PTF Menu
- Registration Menu
- RUG-II Menu
- Security Officer Menu
- Supervisor ADT Menu
- Veteran ID Card (VIC) Menu

The Eligibility Inquiry for Patient Billing option documentation and the Patient Inquiry option documentation can be found in the Registration Menu.

Other related materials are the PIMS Technical Manual, the PIMS Installation Guide, and the PIMS Release Notes. The Technical Manual is provided to assist the site manager in maintenance of the software. The Installation Guide provides assistance in installation of the package and the Release Notes describe any modifications and enhancements to the software that are new to the version.

The ADT module makes use of Current Procedural Terminology (CPT) codes which is an AMA copyrighted product. Its use is governed by the terms of the agreement between the Department of Veterans Affairs and the American Medical Association.

Introduction

The Eligibility/ID Maintenance Menu provides the options needed to accommodate VA/DOD sharing agreement requirements with regard to Patient Identification Number. For most medical centers, the PT ID will be the social security number of the patient and the SHORT ID will be the last four digits of the patient's social security number. For those sites with DOD sharing agreements using VA/DOD software developed by the Dallas CIOFO, the PT ID will be determined by the ID number given that patient by the military.

For most sites, each eligibility simply needs to be associated with the VA STANDARD format.

Other than The Primary Eligibility ID Reset (All Patients) option, the remaining six options would only be used by DOD sites using VA/DOD software developed by the Dallas CIOFO. They should not be run without Central Office and/or DOD approval/direction. Please contact your local CIOFO for guidance if you feel your site needs to utilize these options.

Documentation for the options in the Eligibility/ID Maintenance Menu can be found in the PIMS Technical Manual under the Implementation and Maintenance Section.

NOTE: MAS is an acronym for Medical Administration Service. This service, where it still exists, is now generally referred to as Health Administration Service. Several file names, option names, and reports in the PIMS software contain the initials MAS. These will be retained to avoid confusion and ensure continuity.

Orientation

How To Use This Manual

The ADT User Manual is provided in Adobe Acrobat PDF (portable document format) files. The Acrobat Reader is used to view the documents. If you do not have the Acrobat Reader loaded, it is available from the **V**_ISTA_ Home Page, "Viewers" Directory.

Once you open the file, you may click on the desired entry name in the table of contents on the left side of the screen to go to that entry in the document. You may print any or all pages of the file. Click on the "Print" icon and select the desired pages. Then click "OK".

Each menu file contains a listing of the menu, a brief description of the options contained therein, and the actual option documentation. The option documentation gives a detailed description of the option and what it is used for. It contains any special instructions related to the option.

Orientation

On-line Help

When the format of a response is specific, there usually is a HELP message provided for that prompt. HELP messages provide lists of acceptable responses or format requirements which provide instruction on how to respond.

A HELP message can be requested by typing a "?" or "??". The HELP message will appear under the prompt, then the prompt will be repeated. For example, perhaps you see the prompt

     FACILITY TREATING SPECIALTY:

and you need assistance answering.   You enter **?** and the HELP message would appear.

     Enter the TREATING SPECIALTY assigned to this patient with this movement.
       This must be an active treating specialty.
     Answer with FACILITY TREATING SPECIALTY NAME

     FACILITY TREATING SPECIALTY:

For some prompts, the system will list the possible answers from which you may choose. Any time choices appear with numbers, the system will usually accept the number or the name.

A HELP message may not be available for every prompt. If you enter a "?" or "??" at a prompt that does not have a HELP message, the system will repeat the prompt.

Enrollment Query Process

As part of the enrollment functionality provided by Patch DG*5.3*147, sites are able to query the Health and Eligibility Center (HEC) (formerly known as the IVM Center) for patient eligibility and enrollment information. The queries are generated automatically when you register a patient using either of the following options:

- Register a Patient
- 10-10T Registration

You can also send a query for patient enrollment and eligibility data by using the new Send Query action of the Patient Enrollment option. When using the Patient Enrollment option to query HEC, you can choose whether or not you should be notified via a MailMan message when the reply is received. The status bar will display the status of the last enrollment/eligibility query sent for the specified patient, (whether or not a reply was received), and, if received, whether or not the reply resulted in patient data being uploaded to the local database. Use the Check Query Status action to check the status of an outstanding query.

Patch DG*5.3*147 established a new mail group, DGEN ELIGIBILTY ALERT, which is used when uploading eligibility data to notify the site of certain changes. HEC may also use the mail group to communicate with the site regarding patient eligibility. Local users who are responsible for maintaining patient eligibility information should be entered as members of this mail group.

There is no guarantee that you will receive the query reply immediately, but, in most cases, the reply should be received very quickly. You are allowed to proceed with your business without waiting for the reply. Within the Register a Patient option, the software checks every time you navigate between screens. If the reply has been received, and is currently being processed, you will be notified that "Upload of patient enrollment/eligibility data is in progress ..." and you will experience a short pause. The 10-10T software handles the receipt of the query reply similarly.

If HEC has an enrollment record for the patient being enrolled, the reply will contain that patient's enrollment record. If HEC has eligibility data on file, that data will also be included in the query reply. The data will be automatically uploaded to the PATIENT file (#2) and the PATIENT ENROLLMENT file (#27.11), unless a problem is detected. All the fields in the PATIENT ENROLLMENT file (#27.11) will be uploaded as a result of the query reply.

Enrollment Query Process

The following fields in the PATIENT file (#2) will be uploaded as a result of the query reply.

- ELIGIBILITY STATUS DATE
- ELIGIBILITY STATUS
- ELIGIBILITY VERIF. METHOD
- CLAIM NUMBER
- *CLAIM FOLDER LOCATION
- POW STATUS INDICATED?
- SC AWARD DATE
- TOTAL ANNUAL VA CHECK AMOUNT
- VETERAN Y/N?
- SERVICE CONNECTED?
- SERVICE CONNECTED PERCENTAGE
- RECEIVING A VA PENSION?
- RECEIVING A&A BENEFITS?
- RECEIVING HOUSEBOUND BENEFITS?
- RECEIVING VA DISABILITY?
- DISABILITY RETIREMENT FROM MIL.
- AGENT ORANGE EXPOS. INDICATED?
- RADIATION EXPOSURE INDICATED?
- ENVIRONMENTAL CONTAMINANTS?
- PRIMARY ELIGIBILITY CODE
- PATIENT ELIGIBILITIES ← *Uploaded data will replace the data currently in the file.*
- P&T
- UNEMPLOYABLE
- RATED INCOMPETENT?
- INELIGIBLE DATE
- INELIGIBLE REASON
- INELIGIBLE VARO DECISION
- ELIGIBLE FOR MEDICAID?
- PREFERRED FACILITY
- RATED DISABILITIES (VA) MULTIPLE, FIELD .3721, MULTIPLE 2.04
    - RATED DISABILITIES (VA) ← *Uploaded data will replace the data currently in the file.*
    - DISABILITY %
    - SERVICE CONNECTED
- CATASTROPHIC DISABILITY:
- REVIEW DATE
- DECIDED BY
- FACILITY MAKING DETERMINATION
- DATE OF DECISION

HEC also has the capability of sending unsolicited updates of enrollment and eligibility data to local sites. An example of when HEC will use this capability is as follows: a veteran visits multiple facilities and reports a change to one of them. The other facilities will be automatically updated via an unsolicited update from HEC, which will contain the same data as the enrollment/eligibility query response.

Enrollment Priority Algorithm

This section describes the algorithm used to derive a patient's enrollment priority. The following is the General Counsel's interpretation of the law and the data elements associated with deriving each priority group in **V***IST***A**. The priority algorithm uses the value of the data elements at the time the priority is derived. The value of the data elements used are then stored with the enrollment record. All groupings apply to patients who are veterans that are eligible for care.

Note that if the Means Test Status for a veteran is Required **or** a Means Test does not exist for a veteran who is 0% SC and is required to have a Means Test, Priority Group 7 will not be determined until the Means Test is completed.

Stratification (4 sub categories) for Enrollment Group 7

- Noncompensable 0% service-connected veterans enrolled prior to the EGT Effective Date published in the Federal Register.
- Noncompensable 0% service-connected veterans enrolled after a specified date as reflected in the Federal Register.
- All Priority 7 veterans (who are **not** service connected) enrolled prior to a specified date as reflected in the Federal Register.
- All other Priority 7 veterans.

Business Rules for Priority 7s

- Priority 7B category shall be calculated only when the Secretary of the VA has made the decision to stop enrolling new applicants whom otherwise would classify as Priority 7A.
- Priority 7D category shall be calculated only when the Secretary of the VA has made the decision to stop enrolling new applicants whom otherwise would classify as Priority 7C.
- The stratification between 7A/B and 7C/D only takes place when the current EGT has an EGT Type equal to *STOP NEW ENROLLMENTS DURING CYCLE*. (In other words, there would not be a 7B or 7D when the most recently entered EGT has an EGT Type equal to *ANNUAL FY* or *MID CYCLE CHANGE*.)
- The stratification between 7A and 7B only takes place when the current EGT is for Priority 7A. (In other words, there would not be a Priority 7B unless the current EGT Effective Date specifies a cutoff of 7A and the EGT type equals *STOP NEW ENROLLMENTS DURING CYCLE*.)

Enrollment Priority Algorithm

- The stratification between 7C and 7D only takes place when the current EGT is for Priority 7C. (In other words, there would not be a Priority 7D unless the current EGT Effective Date specifies a cutoff of 7C and the EGT type equals *STOP NEW ENROLLMENTS DURING CYCLE*.)
- Any veteran evaluated as 7B or 7D will always be rejected. For example, if the previous EGT specified *STOP NEW ENROLLMENTS DURING CYCLE* and the cutoff is 7A, and this is changed to *STOP NEW ENROLLMENTS DURING CYCLE* for 7C, then all veterans who were previously 7B/rejected will now be evaluated as 7A/enrolled.

Priority Group #	Veterans Included	How They Qualify
1	Veterans with service-connected disabilities rated 50% or greater	[Service-Connected is Yes AND Service-Connected Percentage between 50 and 100%] OR [Eligibility Code of SERVICE CONNECTED 50% TO 100%]
2	Veterans with service-connected disabilities rated 30% or 40%	[Service Connected is Yes AND Service Connected Percentage between 30 and 49% AND Eligibility Code of SC LESS THAN 50%]
3	• Former prisoners of war • Veterans with service-connected disabilities rated 10% or 20% • Veterans discharged or released from active military service for a compensable disability that was incurred or aggravated in the line of duty • Veterans who are in receipt of Section 1151 benefits	[POW Status Indicated is Yes] OR [Eligibility Code of POW] OR [Service Connected is Yes AND Service Connected Percentage between 10 and 29% AND Eligibility Code of SC LESS THAN 50%] OR [Disability Ret. From Military is 2 for Yes, Receiving Military Retirement in Lieu of VA Compensation]
4	• Veterans who are in receipt of increased pension based on a need of regular aid and attendance or by reason being permanently housebound • Other veterans who are catastrophically disabled	[Receiving A&A Benefits is Yes] OR [Eligibility Code of AID & ATTENDANCE] OR [Receiving Housebound Benefits is Yes] OR [Eligibility Code of HOUSEBOUND] OR [Catastrophically Disabled is Yes]

Enrollment Priority Algorithm

Priority Group #	Veterans Included	How They Qualify
5	Veterans who have annual income and net worth below the Means Test threshold	[Means Test Category A] OR [Eligible for Medicaid is Yes] OR [Receiving a VA Pension is Yes] OR [Eligibility Code of NSC, VA PENSION]
6	All other eligible veterans who are not required to pay a copayment for their care	[Eligibility Code of WORLD WAR I] OR [Eligibility Code of MEXICAN BORDER WAR] OR [Agent Orange Expos. Indicated is Yes] OR [Radiation Exposure Indicated is Yes] OR [Environmental Contaminants is Yes] OR [Total Annual VA Check Amount is greater than 0]
7	Veterans who must pay a copayment for their care	[Means Test Category C] OR [Means Test is Pending Adjudication]
7A		[Service Connected is Yes AND Service Connected Percentage is 0 AND Total VA Check Amount is 0 or null AND Eligibility Code SC LESS THAN 50% AND Enrollment Date is *prior* to EGT Effective Date]
7B		[Service Connected is Yes AND Service Connected Percentage is 0 AND Total VA Check Amount is 0 or null AND Eligibility Code of SC LESS THAN 50% AND Enrollment Date is *after* EGT Effective Date]

Enrollment Priority Algorithm

Priority Group #	Veterans Included	How They Qualify
7C		[Means Test is Category C] OR [Means Test is Pending Adjudication AND Enrollment Date is *prior* to EGT Effective Date]
7D		[Means Test is Category C] OR [Means Test is Pending Adjudication AND Enrollment Date is *after* EGT Effective Date]

Military Sexual Trauma stand-alone Menu

The Military Sexual Trauma (MST) software provides the following stand-alone menu that can be added to the user's secondary menu.

MST Status Add/Edit
MST Outputs
  Print Statistical Report
  MST Summary Report
  Detailed Demographic Report
  MST History Report by Patient

Military Sexual Trauma stand-alone Menu

MST Status Add/Edit
This option is used to enter, edit, delete, and display new MST status codes for patients through a series of List Manager Screens. The EL Edit Entry and DL Delete Status Entry actions will only be allowed for entries that you make in the current session. You cannot modify entries made in previous sessions. When you exit the option, HL7 messages are triggered to send the updated MST status information to the National Patient Care Database (NPCD).

Military Sexual Trauma stand-alone Menu

MST Status Add/Edit

Screen Actions

	Action Name	
EP	Enter by Patient	Displays the following information for each patient for whom entries were made during the current session. • Last four numbers of patient's SSN • Name of patient • MST status • Name of the provider who determined the MST status • Date of last status change Prompts the user to enter the following information for each patient. • Patient's name • New/changed MST status • Date of new/changed status • Provider determining new/changed status
ES	Enter by Status	Displays the following information for each patient for whom entries were made during the current session. • Last four numbers of patient's SSN • Name of patient • MST status • Name of the provider who determined the MST status • Date of last status change Prompts the user to enter the following information for each patient. • New/changed MST status • Patient's name • Date of new/changed status • Provider determining new MST status/status change
EX	Expand Patient	Displays the following information on the MST Status History Screen for the selected patient. • Status Date - date and time of the last status update • MST Status - single alpha character representing the MST status code entered for the selected patient • Provider who determined the MST status for the selected patient • User who entered the MST status for the selected patient
EL	Edit Entry	Edit status entries made in the current session only
DL	Delete Status Entry	Delete status entries made in the current session only
DP	Display Patient	Displays the MST Status History Screen for the selected patient and provides the same information as the EX action

Military Sexual Trauma stand-alone Menu

MST Outputs
Print Statistical Report
This option is used to print the MST Statistical Report. The report displays the
number of new cases identified for MST and provides the following statistics for a
user-specified date range.

Outpatient	Inpatient
• Number of outpatient encounters related to MST • Number of outpatient encounters not related to MST • Number of unique outpatients treated for MST • Average number of encounters related to MST • Average number of encounters not related to MST • Number of male/female outpatient encounters by ICD-9 code	• Number of inpatient episodes related to MST • Number of inpatient episodes not related to MST • Number of unique inpatients treated for MST • Average number of inpatient episodes treated for MST • Average number of inpatient episodes not treated for MST • Total length of stay of inpatients treated for MST • Average length of stay of inpatients treated for MST • Number of male/female inpatient encounters by ICD-9 code

Military Sexual Trauma stand-alone Menu

MST Outputs
MST Summary Report
This option is used to print the MST Summary Report. The report provides total overall patient count, total counts by patient gender, and the percentage of all patients for the following MST statuses within a user-specified date range.

Synonym	Status Name	Description
Y (YES)	Screened, Reports MST	Indicates that the patient has been screened and reports MST
N (NO)	Screened, Does Not Report MST	Indicates that the patient has been screened and does not report MST
D	Screened, Declines to Answer	Indicates that the patient has been screened and declines to answer
U	Unknown, Not Screened	Indicates that the patient has not been screened

Military Sexual Trauma stand-alone Menu

MST Outputs
Detailed Demographic Report
This option is used to print the MST Detailed Demographic Report. The report provides the following demographic data for user-specified MST status codes within a user-specified date range.

- SSN
- Name, address, and phone number
- Gender
- Eligibility Code
- Period of Service
- Service Indicator

The software prompts for the following sort criteria.

- MST status code - allows selection of multiple status codes
- Gender
- Period of Service - sorts the report by patient name or by period of service (and within period of service, by patient name)

Military Sexual Trauma stand-alone Menu

MST Outputs
MST History Report by Patient
This option is used to print the MST History Report. The report provides the following information from the MST HISTORY File (#29.11) for user-specified patient(s).

- Patient's name and SSN
- Status date(s) - date of the original status entry and date(s) of any status change(s)
- MST status code
- Provider name
- Name of the person who entered the MST status

Glossary

ADC	Average Daily Census
ALOS	Average Length of Stay
AMIS	Automated Management Information System
attending physician	Supervising physician who is responsible for the care of the patient. Non-affiliated hospitals may choose not to use this field.
breakeven day	A day on which the actual cost of care equals the estimated allocation.
CDR	Cost Distribution Report
collateral visit	A visit by a non-veteran patient whose appointment is related to or associated with a service-connected patient's treatment.
Consistency checker	Provides a method of assuring the accuracy of data contained in a patient file.
Copay Test	A financial report used to determine if a patient may be exempted from pharmacy copayments.
DRG	Diagnostic Related Group
DXLS	Diagnosis responsible for the major portion of a patient's stay.
G&L	Gains and Losses
HINQ	Hospital Inquiry
Means Test	A financial report used to determine if a patient may be required to make Copayments for care.
PAI	Patient Assessment Instrument
PAF	Patient Assessment File
primary physician	The health care provider with primary responsibility for the direct care of the patient. This may be the resident or intern in a teaching facility or the staff physician in a non-affiliated hospital.

Glossary

PTF   Patient Treatment File

routing slip   When printed for a specified date, it shows the current appointment time, clinic, location and stop code. It also shows future appointments.

RUG   Resource Utilization Group

security code   A code assigned to each user identifying them specifically to the system and allowing them access to the functions/options assigned to them.

security key   Used in conjunction with locked options or functions. Only holders which perform a sensitive task.

Special   An ongoing survey of care given to patients alleging Agent Orange
Survey   or ionizing radiation exposure. Each visit by such a patient must receive special survey dispositioning which records whether treatment provided was related to that exposure. This data is used for congressional reporting purposes.

stop code   A three-digit number corresponding to an additional stop/service a patient received in conjunction with a clinic visit. Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.

third party   Billings where a party other than the patient is billed.
billings

trim point   The expected Length of Stay range based on the LOS distribution for each DRG category.

VADATS   Veterans Administration Data Transmission System

VBC   Veterans Benefits Counselor

WWU   Weighted Work Unit

Glossary

Military Time Conversion Table

STANDARD	MILITARY
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
09:00 PM	2100 HOURS
08:00 PM	2000 HOURS
07:00 PM	1900 HOURS
06:00 PM	1800 HOURS
05:00 PM	1700 HOURS
04:00 PM	1600 HOURS
03:00 PM	1500 HOURS
02:00 PM	1400 HOURS
01:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
09:00 AM	0900 HOURS
08:00 AM	0800 HOURS
07:00 AM	0700 HOURS
06:00 AM	0600 HOURS
05:00 AM	0500 HOURS
04:00 AM	0400 HOURS
03:00 AM	0300 HOURS
02:00 AM	0200 HOURS
01:00 AM	0100 HOURS

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